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ABSTRACT

The National Association for Native American Children of Alcoholics (NANACOA) initiated a strategy in 1995 to evaluate their programs and prevention efforts. The design and methodology of the project incorporated a "naturalistic" approach to help preserve cultural integrity and respect multiple perspectives. Data were gathered from archival sources, 50 personal interviews and 12 focus groups. One powerful theme traced the negative effects of substance abuse in participants' communities, including the generational transmission of substance abuse behavior; the damage it caused to families, friends, community, and culture; and its link to child abuse. The importance of culture, spirituality, and tradition was stressed in counteracting these negative effects. Participants stated that NANACOA realized the importance of culture by encouraging pride in one's ethnic identity, stressing the importance of rediscovering Native ways, and affirming the importance of culture in the healing journey. Several participants stressed the importance of support from family, friends, community, and staff members in maintaining a sober lifestyle. NANACOA was described as an organization that promoted healing and self-care, encouraged learning, and served as a source of support and empowerment. Recommendations for how NANACOA could better serve Native Americans included making conferences and workshops more affordable, including elders in conference programming, having a separate youth track, coming to reservations and smaller communities, and having regional representation. (Contains 22 references.) (TD)

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Native American Perceptions of the National Association for Native American Children of Alcoholics: In Their Own Words

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Abstract

This chapter describes a national programmatic response for the prevention of alcohol and drug abuse in Native Americans. We describe a comprehensive and culturally congruent evaluation of the prevention efforts and programs developed by the National Association for Native American Children of Alcoholics (NANACOA).

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In 1995 and 1996, NANACOA convened a team of professionals to conduct an evaluation of the organization's programs. In convening the evaluation team, NANACOA's goal was to recruit individuals whose expertise included familiarity with substance abuse issues, preventative interventions, and program evaluation. Moreover, NANACOA sought to ensure that the evaluation team had intimate knowledge of and experience with the conduct of evaluation research in Native American communities. To characterize the nature of NANACOA's unique mission of hope and well-being for Native American people, the team developed a culturally congruent approach to evaluation in order to assess the progress in meeting NANACOA's commitment to the "recovery of the human being" and "the healing journey."

Supported and encouraged by the Center for Substance Abuse Prevention (CSAP), the National Association for Native American Children of Alcoholics (NANACOA) initiated a strategy in 1995 to evaluate their programs and prevention efforts. This strategy first involved organizing the available literature to identify factors that are of concern to American Indian and Alaska Native communities. Understanding the particular patterns of risk provides a basis for assessing and evaluating specific prevention service needs in American Indian and Alaska Native communities. Data from the program evaluation, along with an understanding of risk for drug and alcohol abuse, can enable limited prevention resources to be devoted where they are likely to achieve the greatest benefit. NANACOA believed that these evaluation results could assist in increasing our understanding of community-based prevention strategies and activities and aid decision making in policy and program planning ventures.

This chapter details the development and implementation of the NANACOA evaluation that occurred over a 1-year period. As the evaluation of NANACOA evolved, it became clear to the evaluation team that NANACOA is an organization that was built around the needs of Native Americans who have lived with alcohol and drug abuse for generations. Native Americans' concerns, needs, and experiences are not static—they change

with each successive generation. As NANACOA has responded to Native Americans' changing needs, a transactional relationship has developed between NANACOA and Native American communities, and this transactional relationship in turn served as the cornerstone for the evaluation of NANACOA.

The transactional relationship between NANACOA and its constituency was assessed through a three-pronged evaluation approach that used separate data sources to capture the voices and stories of Native Americans as they talked about their families, their communities, their hopes, and their dreams. Through well-established qualitative research techniques, the words of Native Americans, taken from personal interviews, focus groups, and archival data, were recorded and analyzed. An important part of the evaluation were focus groups and personal interviews designed to elicit the stories of individuals, their communities, and their visions of the future.

An Overview of American Indian and Alaska Native Drug and Alcohol Use Problems

Now, and for many prior decades, drug and alcohol use and abuse has continued to occur in American Indian and Alaska Native communities, and the patterns of use and abuse appear to consume all but a few of those communities. Along with the frustration, pain, and senseless deaths that result from drug and alcohol abuse, American Indian and Alaska Native communities must struggle with treating and preventing a problem that does not seem to fit within their own traditional healing systems. The anger and frustration engendered by the presence of psychoactive substances is intensified by the cultural assumption that prevention and treatment strategies are usually not effective in general. Since many theoretically based prevention strategies appear to be designed for use with the dominant culture, the prognosis for creating drug-free communities in diverse and culturally unique settings appears grim.

These pessimistic feelings and perceptions of American Indians and Alaska Natives are not unfounded. Available evidence exists that substantiates and validates their myriad concerns and sentiments. For example, substance use rates for American Indian students have paralleled the rates of non-Indian students over the past 20 years. There was a pattern of large increases in the late 1970s, a leveling off in the 1980s, and modest declines in the 1990s (U.S. Department of Health and Human Services, 1995). However, recent evidence shows that the rates in some areas are climbing upward once again (Beauvais, 1996). Lifetime prevalence rates of alcohol, cigarettes, illicit, and nonmedical use of licit psychoactive drugs among American Indian high school seniors were compared with non-Indian seniors (Johnston, O'Malley, & Bachman, 1995). Results showed that American Indian high school seniors had higher lifetime and past-month prevalence rates than non-Indian youth for most substances surveyed. Segal (1992) points out that the drug and alcohol use prevalence rates in certain Alaska Native villages are quite high and in a few instances reach epidemic-like levels. Beauvais, Oetting, Wolf, and Edwards (1989) found that American Indian youth in rural areas have higher drug use rates than non-Indian youth for nearly all drugs. In a more recent study, Beauvais (1992) compared drug use rates among American Indian youth living on reservations and those who reside in nonreservation (mostly urban) areas. On all indices of drug use and other forms of deviance, the reservation youth reported higher rates.

Longitudinal and cross-sectional studies of drug use patterns among American Indian and Alaska Native adults are almost nonexistent in the literature; there appears to be much more data available for adolescents. Oetting, Edwards, and Beauvais (1989) have been assessing and evaluating drug and alcohol use among samples of American Indian youth largely from reservation communities in the Western States since 1974. Oetting et al. (1989) compared their drug use rates with comparison data from the National Household Survey. Overall, the American Indian use rates were much higher than those of non-Indian youth. To account for some of these findings, Oetting et

al. (1989) observed that much of "the anti-drug publicity has been aimed generally at the 'good kids' and it seems to have influenced them. But anti-drug efforts have apparently not been able to reach those young American Indians who have a high potential for deviance" (p. 13). Youths at highest risk, who reportedly use drugs with some regularity, account for approximately 20% of these American Indian youth. Data generated from these longitudinal surveys are consistent with other short-term studies on American Indian drug use. May (1982) showed that overall American Indian youth use rates exceed those of the general population. Weibel-Orlando (1984) reinforced May's findings, adding that "there is overwhelming evidence of the profound effects early drug socialization...has on individual drinking and drug use patterns (among American Indians)" (p. 329).

Studies conducted among American Indians and Alaska Natives in the Pacific Northwest and Alaska reveal similar use rates to those previously reported. Survey data generated from American Indian youth in rural areas of Washington State showed that at least 20 percent of them reported using marijuana, tobacco, and inhalants and that more than half of these youth have tried alcohol (Gilchrist, Schinke, Trimble, and Cvetkovich, 1987). Researchers in Washington State have been involved in a large-scale, longitudinal, urban-based study of alcohol and drug use among cohorts of American Indian youth and their parents (Walker, Lambert, Walker, Kivlahan, Donovan, & Howard, 1996). Results from this study indicate that as American Indian youth mature from early to late adolescence, there is a steady increase in lifetime, annual, and 30-day prevalence of drug and alcohol use rates. A comprehensive survey of drug use administered to a sample of more than 4,000 Alaskan youth found that Alaska Native and American Indian youth showed higher drug and alcohol use than other youths (Segal, 1989). In comparing results from two other longitudinal surveys of Alaska Natives, it is clear that drug use among Alaska Natives is fairly high (Segal, 1983; 1988). Segal (1988) summarized, "the changes within the (Alaskan) regions suggest that while there is *general consistency* (our emphasis) across regions

concerning use of some substances, there are also some patterns idiosyncratic to different locations" (p. 95). Considering the expansiveness of Alaska and remoteness of most of the Alaska Native communities, Segal's findings are alarming; how do drugs find their way into these small, remote communities?

The National Association for Native American Children of Alcoholics

The founding of the National Association for Native American Children of Alcoholics (NANACOA) was stimulated by the abundance of personal testimony and professional research that alcohol and drug use and abuse are major health problems with American Indians and Alaska Natives: problems that sometimes reach epidemic proportions in many of their communities. Founded in 1988, NANACOA has a vision to heal the suffering among Native American people caused by generations of substance abuse and chemical dependency. Through a message of hope, NANACOA believes that Native Americans could undertake this challenge themselves. Emphasizing a belief in the Creator and a healing journey from the destruction of alcoholism, NANACOA began their work. The increasing membership growth of NANACOA serves as a testament to the importance of their mission. At their first conference, more than 700 individuals registered. Each subsequent conference has attracted more than 1,000 people.

NANACOA's present work centers on a unique model of intensive training that helps individuals take the next step in their personal healing journey while building a community of safety and with the support with others. As an integral part of the healing movement in Native communities today, this next step focuses on care, resiliency, sharing, prayer, and song, while providing information on alcoholic families, trauma, and the healing process. NANACOA has sponsored many intensive training programs in American Indian communities around the country, supported annual conferences, produced several publications and videos, and cooperated and collaborated actively

with other national and international substance-abuse prevention programs. By joining together, NANACOA members find the resources, support, and strength needed for a healing journey dedicated to health and well being for Native American families, communities, and nations. In a spirit of healing and recovery, NANACOA's stated objectives are to (1) establish a national network for Native American children of alcoholics; (2) develop educational and support information for Native American communities; (3) hold national conferences for Native American children of alcoholics and others working in Native communities to come together to heal and recharge energies; and (4) inform local and national policy makers about the needs of Native American children of alcoholics and influence positive change toward creating healthy communities.

Methodology

Cultural Considerations

For a number of years, there has been considerable concern expressed in Indian Country on the use of conventional evaluation research techniques. Past evaluation efforts, particularly those that failed to respond to the cultural demands of research in Native American communities, have yielded information that has been of dubious value in helping Native American people develop practical approaches to solving actual problems. At a fundamental level, exclusive reliance on quantitative techniques may be considered too reductionistic to adequately portray American Indian realities in a manner meaningful to American Indians. That is, if the purpose of research is expected to be useful to an American Indian community, that research must reflect the values, beliefs and other epistemological assumptions of the American Indian community. The research should also respect the wide range of linguistic, tribal, and cultural diversity in Native America.

The NANACOA evaluation project stressed collaboration between the social scientist and the American Indian commu-

nity (Beauvais and Trimble, 1992; Shore and Nicholls, 1977; Shore, 1989; Trimble, 1977). The design and methodology of the project incorporated a "naturalistic" approach in order to help preserve cultural integrity. Guba and Lincoln (1981) recommended using naturalistic inquiry in order to maintain the cultural integrity of the assessment process and to respect multiple perspectives. Naturalistic inquiry allows for and encourages all stakeholders in the research enterprise to tell their story. Wolf and Tymitz (1977) suggest that naturalistic inquiry is aimed at understanding the existing actualities, cultural realities, and perceptions, untainted by the obtrusiveness of formal measurement of preconceived questions. Attempting to capture the essence of naturalistic inquiry, this evaluation used semistructured interviews and focus groups. The protocols were designed to allow respondents to "tell their own story" in their own words, minimizing the bias imposed by the researchers and methodology. Although this sometimes created scheduling problems for facilitators, this "storytelling" approach served the purpose of recognizing the meaningful contributions of each respondent. Within this perspective, we considered the "stories" told by respondents to be part of the "story" of NANACOA. Thus, the evaluation was considered to be a set of linked narratives, and the narratives of each respondent become embedded within the narrative of NANACOA as an organization. Storytelling and narrative expression are basic Native American traditions, and therefore are meaningful ways to approach evaluation research in an American Indian context.

Our experiences with storytelling generated consideration of what Blumer (1969) called symbolic interaction, in which meanings in human relations are modified and negotiated through an interpretative process based on continuing interaction. The evaluation team perceived symbolic interaction as a major feature of how NANACOA organizationally perceives its relations with its constituents. Blumer (1969) described the assumptions of symbolic interaction theory in three ways: (1) human beings act toward things on the basis of the meanings those things have for them; (2) meanings are derived from the social interactions one has with one's community members;

and (3) meanings are modified through an interpretative process based on continuing action in and interaction with the social world. In listening to these stories, we acknowledged the complexities of language and culture. Paula Gunn Allen (1986) contended that allowing people to "give voice" to their life journeys allows a "holistic image to pervade and shape consciousness, thus providing a coherent and empowering matrix for action and relationship." Zemke (1990) noted that stories can play a stabilizing role in our culture and claimed that "without air our cells die, without a story our selves die." A story provides structure for our perceptions and assessments of reality. In many American Indian tribal groups, a story has a life of its own.

Evaluation Design

The evaluation used three sources of program data. The first was a content analysis of NANACOA program archival data, mostly in the form of reports and records. The second involved transcripts of a series of personal semistructured interviews. The third involved the transcripts of a set of focus group meetings. The evaluation plan was designed to be culturally congruent, somewhat structured but simultaneously open enough to allow for both anticipated and unanticipated outcomes and benefits.

Archival Data

This came from two sources: correspondence data and conference preregistration forms. The correspondence data used in this evaluation consisted of all written and phone requests for material or information from NANACOA, other than normal business correspondence, between the years 1991 and 1994. The correspondence data was arranged by year and then coded for the month and geographical area it was received, the agency and affiliation of the person making the request, and the type of material requested.

The second source of archival data was compiled from conference preregistration forms filled out by conference registrants and received by the NANACOA office before the start of each

yearly conference in 1992, 1993, and 1994. Questions on these forms asked about demographics such as age, education, and employment. Conference attendees who registered on-site were not included in this database because on-site registrants did not complete a preregistration form.

Personal Interviews and Focus Groups

A total of 14 focus groups and 54 individual interviews were conducted. Respondents for both the personal interviews and focus groups represented a convenience sample. The personal interviews and focus groups were completed at the NANACOA conference and in three regions of the United States (Midwest, Northeast, and Southeast). Participants at the NANACOA conference were contacted by telephone and letter from the NANACOA office. These telephone and letter requests drew from the sample of conference preregistrants. All preregistrants were eligible for inclusion in this sample; the sample from this list of preregistrants was selected based on two criteria: geographic region and age group (youth, adults, and elders). This selection rendered 137 individuals who were asked to participate. Of the 137 contacts, 86 (62.8 percent) agreed to participate in either a focus group or personal interview. Participants from the Midwest were drawn from personal contacts in the community. Participants from the Northeast and Southeast were recruited through a letter to tribes in those regions.

Personal Interview and Focus Group Questions

Both the personal interviews and the focus group sessions used a standardized protocol as a semistructured guide for facilitating dialogue. The protocol contained questions that were primarily open-ended, but included a few closed-ended items where appropriate. The content for interview and focus group questions were sampled from the following six dimensions:

1. Public awareness—about NANACOA and ACOA (Adult Children of Alcoholics) issues, and general community and

community leadership awareness of NANACOA and its mission;

2. Cultural issues—including the impact of recovery on cultural identification and the need for a national, Native American–specific prevention initiative;
3. Personal significance—such as self report of the personal impact of substance abuse and the impact of involvement with NANACOA;
4. Personal learning—assessing the need for information at the community level and motivation to learn more about substance abuse prevention, including NANACOA and its sponsored events;
5. Personal story—such as the challenges faced during the process of recovery and in becoming personally committed to prevention of substance abuse in their communities;
6. Organizational needs assessment—including knowledge of NANACOA, its activities and its mission, participation in NANACOA-sponsored activities, and involvement with other substance abuse programs.

The types of questions asked included those relevant to process, outcome, and impact of each of these six content dimensions. Process questions ask how NANACOA's message is delivered to individuals and communities. Outcome questions ask about the perceived results of involvement with NANACOA and other substance abuse prevention and recovery initiatives. Impact questions assess consequences, particularly the enduring effects of involvement with NANACOA and other prevention and recovery programs. The protocol allowed for asking these process, outcome, and impact questions in seven areas: (1) awareness of NANACOA; (2) involvement with NANACOA; (3) familiarity with substance abuse issues; (4) involvement with substance abuse organizations; (5) personal experiences with substance abuse issues; (6) community experience with substance abuse issues; and (7) organizational feedback.

Results

Personal Interviews

A total of 50 personal interviews were conducted. Thirty-five personal interviews were conducted at the 1995 NANACOA conference and 15 were conducted in various regions of the United States (7 in Kansas, 4 in New York, and 4 in Florida and South Carolina). Three of the personal interviews at the conference are not included in this analysis because the audiotapes of these interviews were inaudible. At the conference, 26 participants were recruited from the preregistrant list and 6 Native Americans volunteered to participate after an announcement was made during one of the conference sessions. The participants who attended personal interviews at the conference were 13 (41 percent) men and 19 (59 percent) women.

Responses to Dichotomous Questions in the Personal Interviews

Several of the questions in the protocol were designed to be answered either "yes" or "no" by participants. Indeed, participants in personal interviews responded to many of the questions with a "yes" or "no"; occasionally, a participant would respond "I don't know" or would give some other response. Table 6.1 shows how the 47 participants in the personal interviews responded to these questions.

Table 6.1 compares conference participants with nonconference participants on their responses to the dichotomous questions. The following percentages were calculated using the total number of responses to each question and not the total number of participants in each group. Not surprisingly, knowledge of NANACOA and NANACOA activities was more prevalent among the participants who attended the conference. Only 43 percent of the nonconference participants knew what NANACOA was, compared with 90 percent of the conference participants. Similarly, fewer nonconference participants knew about NANACOA's purpose (20 percent to 80 percent), knew what

Table 6.1. Conference and nonconference personal interview: Responses to dichotomous questions

	Conference (n=32)				Nonconference (n=15)			
	Yes	No	DK	Other	Yes	No	DK	Other
Knowledge of NANACOA:								
Do you know who NANACOA is?	28	2		1	6	8		
Do you know if tribal leadership knows about NANACOA?	21	4	7		5	6	1	
Do others in your community know about NANACOA?	21	8		1	6	4	1	
Do you know what NANACOA's purpose is?	24	6			3	4	8	
Do you know what NANACOA does?	17	14			4	10		
Have you seen NANACOA's posters in your community?	22	10			7	6	1	
Should NANACOA be a national organization?	24		1	2	10	1	1	
Participation in NANACOA:								
Have you ever participated in NANACOA activities?	18	13	1		4	7		
Has anyone in your community participated in NANACOA activities?	24	6	2		6	3	4	
Have you been involved in putting up NANACOA posters?	13	11			2	8		
Are you a member of NANACOA?	16	13	2	1	2	12		
Have you had any other kind of contact or relationship with NANACOA?	7	23			2	10		

Table 6.1. (continued)

	Conference (*n*=32)				Nonconference (*n*=15)			
	Yes	No	DK	Other	Yes	No	DK	Other
Desire for More Information:								
Would you like to become more familiar with the effects of problem drinking?	19	3		1	10	1		
Would you like more information about the kinds of groups that deal with problem drinking?	18	6	1	2	12	2		
Would you like to know more about NANACOA?	29	2			11	1		
Is there anything else that you'd like for us to know or you'd like to say?	14	4			6	4		
Would you be interested in having NANACOA sponsor some kind of activity in your community?	27				14			
Involvement with Addictions:								
Have you been involved with any other groups that deal with problem drinking?	26	5			11	3		
Personal History:								
Have drugs and/or alcohol affected you personally?	26	1			13			
Has your involvement with NANACOA made any difference in your life?	26	1	2	1	6	6		

Table 6.1. (continued)

	Conference (*n*=32)				Nonconference (*n*=15)			
	Yes	No	DK	Other	Yes	No	DK	Other
Cultural Responsiveness:								
Has your involvement with NANACOA been important to you as an Indian person?	25	3		1	9	1		1
Have any changes occurred in the way you think or feel about yourself as an Indian person because of NANACOA?	16	6		5	5	3		
Do you feel that NANACOA should be an Indian organization?	25	3			10			2
Community Impact:								
Do you feel that drug and alcohol abuse has affected your community?	32				14			
Is it important that your community has been addressing problems associated with drug and alcohol abuse?	32				12			
Has involvement with NANACOA made any difference in your community?	13	7	3	1	3	3	5	
Are there groups that deal with problem drinking available in your community?	28	1			10	1		1

Note: DK = Don't Know.

Interview participants may not have responded to every question; therefore, responses may not add to *n* for each group.

NANACOA did (29 percent compared with 55 percent) and knew about tribal leadership involvement in NANACOA (42 percent compared with 66 percent). Participation in NANACOA-related activities were more frequent among the conference participants. For instance, compared with the conference participants, fewer nonconference participants put up NANACOA posters (20 percent compared with 54 percent), or participated in NANACOA-sponsored activities (35 percent compared with 56 percent).

Despite these differences in knowledge about NANACOA or NANACOA-related activities, requests for information did not vary between the conference and nonconference participants. Both groups wanted to obtain information about problem drinking, information about therapy groups that focused on problem drinking, and information about NANACOA. Both groups of participants were equally interested in having NANACOA sponsor some kind of activity in their community. Not surprisingly, 87 percent of the conference participants stated that involvement with NANACOA made a difference in their life, contrasted with 50 percent of the nonconference participants. Additionally, only 27 percent of the nonconference participants said that NANACOA has made any difference in their community, compared with 54 percent of the conference participants. Even though the majority of nonconference participants said that they did not know about NANACOA, they (75 percent) did state that NANACOA should be an American Indian organization. The conference participants (89 percent) concurred.

Both groups of participants stated that drugs, alcohol, or both have affected them personally, and that drugs and alcohol have affected their community. Unfortunately, 39 (98 percent) participants stated that drugs, alcohol, or both have affected them. Additionally, all of the participants stated that drug and alcohol abuse has affected their community and that it is important that their community address these problems. Thirty-eight (93 percent) participants did say that groups dealing with problem drinking are available in their communities, and 37 (82 percent) stated that they had been or are currently involved with those groups. In addition, 32 (76 percent) participants indicated

that NANACOA has made a difference in their lives, and 16 (46 percent) indicated that NANACOA has made a difference in their communities. Lastly, 35 (88 percent) said that NANACOA should be a Native American organization, and 34 (85 percent) said that their involvement with NANACOA is important to them as Native Americans.

Focus Groups

A total of 12 focus groups were conducted. Eight focus groups were completed at the 1995 NANACOA conference in Spokane, Washington, one focus group was conducted in the Midwest, one was conducted in the Northeast, and two were conducted in the Southeast. The focus group that was conducted in the Northeast is not included in this analysis because the audiotape could not be transcribed due to poor sound quality. A total of 65 individuals participated in the focus groups. Forty-nine (77 percent) participants attended focus groups at the conference. The focus group participants at the conference were 17 men and 32 women. Four of the focus group participants at the conference were rovers. The gender of the focus group participants who did not attend the conference was not available. Eighteen separate focus group themes were extracted from the focus groups. We list these themes below along with excerpts from the interviews.

1. Familiarity with Problem Drinking and Drugs and Their Effects.

Every personal interview and every focus group had stories about the participants' familiarity with problem drinking or drugs. Each participant had a personal history to relate, whether it was their own or that of a family member, that emphasized the overpoweringly negative effects that substance abuse had on their life or the life of a loved one. One participant succinctly summed up his familiarity with substance abuse: "Destruction of community, family destruction." This echoes the comments of many of the participants. They talked about the many different ways they are familiar with problem drinking, whether in their own families or in their communities. One participant summed

up the range of problems that are influenced by alcohol and other drug abuse:

> *It just goes on and on really. Those are the direct things you can just pinpoint right off. But again, just the breakdown of your families and your communities and all the struggles that we go through and all of the fighting that takes place—domestic violence, neglect, just all the social problems as we call them—I think, if not actually involving alcohol and drugs, are preceded by the use of alcohol and drugs.*

There were eight themes revolving around the familiarity of problem drinking and drugs and their effects identified. The first theme, pain and loss, elicited heartbreaking testimony on the direct influence of substance abuse in the lives of our participants. This theme was divided into three subsidiary themes: the break up of families and friendships, suicide, and death. The seven remaining primary themes were substance abuse as a way of life, substance abuse as a way of escape, substance abuse leading to violence, substance abuse causing anger, the generational transmission of substance abuse, its effect on the community, and its effect on children. These themes are discussed below.

Pain and Loss. When participants were asked about their familiarity with alcohol and drug abuse, their responses were permeated by a sense of general pain and loss. Most participants stated that alcohol and drugs, in one way or another, had affected all Native Americans. Alcohol and drugs were directly responsible for the loss of many things, especially the loss of self and the loss of Native American culture.

> *I tried to hide it, but everybody knew my dad was an alcoholic. The teachers and everybody watched me like a hawk—what do you call it? High-risk behavior? And then my own drinking: I drank for, I think, 12 years. Started when I was a teenager, I quit when I was 26. At that time, I was the only one drinking in my immediate family, and, of course, that affects the whole family. They didn't know how I was going to be at any time I came home. I have two younger brothers that I took care of all*

of the time when I was a kid, and they never knew how I was going to be when I came home, or if I'd be alive, or where I was. When I got sober, I think they kind of walked around on egg shells for about 5 years because they didn't believe that I could stay that way. I had to watch my two youngest brothers go through the same thing. They're still out there, and they're still doing it, and one by one losing things; marriages, cars, drivers licenses, jail, children, and just going on and on.

Breaking Up Families/Friends. Many participants were adult children of alcoholics and were raised in families riddled by the economic and emotional problems caused by substance abuse. The participants were familiar with the effects of alcohol and drugs because of the destruction that substance use and abuse had caused in their own families and the families of friends. Many had seen the break up of their family of origin, and many more had their marriages break up because of substance abuse. In their conversations, participants talked about how their families had been overpowered by substance abuse, and how this eventually led to the breakdown of their family.

It's just overpowering sometimes to be with these people that you love and care about and see what it does to, not only our family when I was a child, but to their families now that they have children and how it's affecting them.

It's affected us for years and years. It's a cause of feuds between families because if there wouldn't have been drinking, there wouldn't have been any fights between these family members, other families against families. There's been a lot of misunderstandings over that stuff.

Suicide. Unfortunately, several participants were familiar with how substance abuse can lead to suicide or suicidal gestures. Several participants had attempted suicide themselves, and others had known a friend or a family member who had committed or attempted suicide while using substances.

Death. Death caused by substance abuse was not an uncommon experience among the participants. Many had parents who

died from alcoholism, and many more had friends or relatives killed in accidents caused by alcohol. Many participants had more than one family member or friend die of alcohol abuse; these stories were especially heartbreaking because the death of family members and friends attributable to alcohol abuse was so pervasive that it became the rule rather than the exception. While deaths due to alcohol-related injuries and problems were common, the sentiments expressed by the participants about this ranged from anger to frustration.

> *My dad was the first one to go to college in his family, and he was an incredible person. He was an All-American football player, and could have been just about anything. But he didn't know how to be a person and he died (at) a young age. I think he was 39 when he died from drinking. His sister, my aunt, followed him a few years later, died of the same thing. And there's been a lot of others. I lost another aunt, his older sister, last year. She wasn't drinking at the end, I don't think she drank in a long time, but still the ravages that it does on your body. She still died of cirrhosis, and she wasn't elderly. She was the only one in my family that danced besides me in powwows.*

Way of Life. Drinking and drug taking were sometimes described as an accepted way of life among many of the participants' family and friends. Substance abuse as a way of life occurred on weekends, during the week, with family members, with friends, and almost always involved the children of the substance abusers. Some participants expressed outrage at having lived this way; some participants were outraged at seeing children being raised in this environment. There were some participants, however, who expressed feelings of hopelessness about the situation.

> *I grew up with it. Everyone drank where I grew up. Everyone did. You know, kids, and the adults, and, I guess, growing up—that was just the way to go. There wasn't any other way. It was like, you can't wait to be 21 so I can go into bars legally even though I was already in them. That was just a way of life. When we sobered up, it's still like you kind of don't fit in. It's*

really difficult, humiliating almost. It's almost easier to just go along with the flow than to sober up.

Way to Escape. Participants discussed alcohol abuse as a way to escape the horrendous conditions they were being raised under. Other participants used alcohol to escape some emotional trauma that had just occurred.

Violence. Participants were familiar with many different types of violence that ranged from verbal violence to different variations of physical violence. It was not uncommon for the participants to have witnessed some physical violence during their life, and unfortunately, it was not uncommon for the participants to have been a victim of this violence themselves. In a few cases, participants had been involved, as perpetrator or witness, in homicide. The trauma of any type of homicidal event is long lasting. Those who had been involved in homicide, either directly or indirectly, talked about how it had changed their lives and how they have spent their lives trying to make sense out of the event. It was not uncommon for participants to be victims of physical violence, either as a child or an adult. Many had been abused as children, and several of the women had left abusive relationships. This abuse was attributable to substance abuse in the victimizer.

To me, it just made me look stupid, and I did some really stupid things. My little cousin, who's 5 now, she living with us right now, and when I was drinking, I would always go and hit her, so now she expects me to hit her.

Life experiences, problems resulting from that, all the anger that I had stuffed, I ended up killing a man, and I served a life sentence in prison. That blackout was there, but at the same time that denial of it, and when I did later on go through some healing, some ceremonies, and start having dreams about what happened and then going through some changes, I can admit now that I did kill that man. I did it in a violent way, and even though at that time I was in a blackout the fact was that now I had to take that—I have to own that responsibility that I did that.

Anger. Many participants were angry about the negative events that had taken place in their lives that could be attributable to substance abuse. Several participants also talked about how substance abuse could influence anger by heightening the angry person's responses (i.e., the person gets more angry after they drink).

Generational Transmission. Several participants considered the theme of the problem of substance abuse transmitted down through the generations. Many participants talked about the generational transmission of alcoholism as it passed down from father to son or mother to daughter. Most participants spoke about family transmission, and some participants talked about what could be termed community transmission. Community transmission refers to alcoholism or drug abuse as the norm in the community. In many communities, individuals who do not drink are treated as outcasts. The concept of community transmission is interesting, given that this concept does not generally appear in this topic's literature, and is most likely a unique Native American perspective.

> *So it's devastating, the fact that the usage starts at a young age—11,12. Often, it's a generational effect. I think it's been passed on for who knows how long. I mean, ever since it was introduced to our people. The only word is devastating—with all the loss of potential with individuals and families and communities. It's permeated really into all of our lives. When we try to interact with each other, it has an effect on us. When we try to work together as community organizations, Indian organizations, I think it affects every aspect of the life. It's just become so entrenched in the community.*

*Effects on the Community.*The familiarity of substance abuse problems in the community was ever present; almost all of the participants had something to say about this. The theme was consistent: alcohol and other drug-taking behavior had negatively affected the Native American community to the point of almost destroying the culture.

I live in a very small town. In fact, there's three little towns that are kind of like 7 or 8 miles apart. I live in an apartment house. I watch the kids come at noon to smoke their lunch and go back glassy eyed. It's mostly, well, no, the whole community is that way. They do a lot of drugs and a lot of drinking. It's a logging town. And so the kids don't have a chance because up here, their parents are doing it, and they are just following in their footsteps. They don't know any other way. And so, it's really the kids that I see, you know, I'm worried about them mostly, and being drunk in the evening and out after curfew.

Just the way things are in the community that I live and work. It's that alcoholism and drug abuse is an expected norm at about 12 years old.

Effects on Children. This category had two different themes present. First, it was common to hear personal and heartbreaking accounts of how substance abuse had affected the adult participants in this study. Personal accounts of neglect and deprivation due to parental substance abuse were typical. Some stories also portrayed histories of mild to severe physical abuse that the adults endured as children.

The second theme centered on the participants' concern for children and adolescents who were currently growing up in substance-abusing homes.

OK—boy—effects of alcohol on my family made me grow up way, way too soon. I did not have a childhood. I'm the oldest kid of three. I did not have a childhood...and drunk parents. Driving them home. It started at about 8 years old, driving home from wherever the booze was, sitting on your father's lap with one of the little sisters working the pedals, and you trying to keep the vehicle on the road to get home with everybody's lives in your hands it seemed like on a daily basis. No childhood, period.

But where substance abuse came into my life was my mom; as a child of an alcoholic. And I would watch her do all these nutty things that didn't make sense to me, and I thought she was—

sometimes I thought she was stupid, and sometimes I thought she was weird. I can remember watching her lie to my dad over the most inconsequential thing when I was 10 years old. I was watching them go back and forth, and back and forth, and back and forth. It wasn't until I found out what adult children of alcoholics act like, and I thought, this is my mom.

Using Drugs. It was startling to hear the stories of drug use and abuse among the participants. Several of the participants admitted to using drugs or associating with others who use. These stories are tinged with sadness; those who use always try to get off, but relapse seems inevitable in the face of nonexistent treatment resources for Native Americans.

2. Individuals Express Their Needs.

Many of the participants expressed a concern both for their own needs and for the needs of other Native Americans. Many participants expressed the need for good treatment and aftercare that was culturally appropriate and sensitive to Native Americans. They talked about the lack of treatment in Native American communities, and some expressed anger at the scarcity of treatment and aftercare services. The other needs expressed by the participants included the need for education, to learn about Native American culture, to provide children and youth with alternative activities, to heal, and to obtain tribal involvement.

I think the government—and I'll blame them, you know—they don't want to pay for treatment for people. But look at how much it's costing them not doing it, you know, on the reservation or an urban setting like we have.

Education is the key, especially with the focus being on children of alcoholics. Education is the key because those kids are—they're innocent. They very much want to learn. Their behavior is to learn. And the more youth education from groups like NANACOA or other related organizations—you can probably get through to them a lot quicker—and partly training in abstinence types of setting for children. Maybe

they're not going to learn from it in the beginning, but they'll recognize it a little bit earlier if they use at all.

3. Blame Whites for Bringing Alcohol into Native Land.

This divergent concept was primarily found within the youth focus group. In addition to blame, several of the youths expressed their anger and frustration with experiences with alcohol and other drugs. One of the youths summed up the situation: "Columbus started it all." Another youth said, "The white man gave us booze and stuff, and that's the main cause that's killing our families."

4. Children and Youths Lack Adequate Parental Support and Guidance.

Several participants in various focus groups expressed their concern for their children's well being. They talked about how youths these days have been neglected and have not had proper parental guidance. In addition, adults expressed the need to provide activities, and that parents need to serve as positive role models so that youths do not fall into the cycle of alcoholism. Youths also stated that parental support is inadequate, and that they did not know what to do about alleviating that problem.

5. People Are Treated Differently Due to Their Color.

Several focus group participants explained that they are treated unfairly or differently because of their appearance. One participant stated the following:

People will be looking at me strange, looking at me weird, they treat me different because of my long hair or something like that. Just because you're different. It doesn't matter how much money you have, it doesn't matter how many degrees in college education you have; it doesn't matter, any of that stuff. The bottom line is if you're different, they're going to treat you different.

Other participants described how they experienced prejudice in the past due to their color and that they have come to expect a difference in treatment. Under such circumstances, par-

ticipants often feel that they are putting themselves at unnecessary risk by telling non-Native people their stories.

6. Individuals Resent the Abuse of Native Ways Through Commercialization.

Many participants, especially those in the youth focus group, expressed resentment regarding the commercialization of Native American ways. While there was no direct opposition voiced to sharing some of the knowledge of Native American ways, especially as it pertained to Native American ways that protect our planet and environment, many participants felt like they were being "ripped off" of some of their sacred knowledge. Interestingly, some of the participants felt that it was not only whites that were exploiting Native Americans, but it was also some other Native Americans who were exploiting their own culture for commercial gain.

> *Because they're abusing—like they've learned our ways. But if there's somebody out there selling vision quests—$500 for a whole vision quest, $250 for a half one—what's a half vision quest, and why are they out there selling them? I don't get it. They abuse it—like they try to learn our ways, and they just do it all wrong. And whoever is doing it is selling out.*

7. Those Who Are Aware of NANACOA, NANACOA Activities, and Posters.

Respondents who were aware of NANACOA were able to describe NANACOA's mission, the information that NANACOA provides, and the posters that NANACOA distributes each year. Tribal leaders and, in some cases, even whole communities were aware of NANACOA. Some respondents described NANACOA as an area of healing. One respondent said succinctly that NANACOA is "a network, a support, an understanding."

> *We certainly look at families, but I think that NANACOA has provided a springboard for children of alcoholics to come together and begin the healing process; to understand what*

they've inherited through their family addiction and through their heritage as Native people; to understand the healing process that's available to them.

Some respondents described NANACOA's mission as a healing process:

They link with traditions so it helps folks—it's almost like gaining permission to start looking at their own heritage and to come back to it. They involve spiritual leadership so folks have a sense of how to connect with that healing process. So they understand what they're going through as a healing process. Not as folks who are somehow damaged goods and need to get fixed, but rather that we have a very strong heritage that provides for some pretty powerful healing.

Respondents were able to describe more concretely the literature that NANACOA provides. In addition to conferences, participants talked about the workshops that NANACOA provides, the videos that NANACOA distributes, and the newsletters that it delivers. Participants described this information as beneficial to understanding what NANACOA hopes to accomplish.

Certainly, their annual conference has become quite well known. Some of their training materials are quite extensive. I mean, whole workbooks that provide professionals working with either families or communities. Provide some of the education they need to understand family dynamics, to understand delayed grief, to understand what we inherit, based on our history of oppression and genocide. Also, to provide a way out. It's very comprehensive, the training materials and networking. They provide a newsletter that keeping people informed of what's going on. I think that's what I know.

More specifically, participants talked about the NANACOA posters that are created each year and where they may be found within the community. Several posters are used for decoration as well as information—in some cases the posters are laminated before they are displayed. Focus group participants also discussed how their tribal leaders know about NANACOA. Some

tribal leaders are aware of NANACOA through their own recoveries. And most tribal leaders support the attendance of tribal members at conferences, often providing monetary assistance.

8. Those Who Do Not Know about NANACOA—They Do Not Yet Know of the Benefits NANACOA Provides.

Responses from the focus group participants regarding their knowledge of NANACOA varied along the several dimensions. Some of the participants talked about how their tribal leadership was uninformed about NANACOA. Other participants knew nothing about NANACOA, and still others had only the briefest understanding of what NANACOA was about. Several participants talked about the lack of community knowledge of NANACOA. Surprisingly, many of the individuals who are involved in the Native American treatment communities were also unaware of NANACOA.

> *At home, they may know about it. Most of them don't, though. Even if they do know about NANACOA, they don't really know what goes on at these conferences and throughout the nation because if they did, they would be here.*

9. NANACOA Is an Organization That Promotes Healing, Encourages Learning, and Serves as a Source of Support and Empowerment. NANACOA Allows and Enables Individuals to Focus Themselves.

All of the focus group and personal interview participants who knew about NANACOA clearly described NANACOA as crucial to the healing process. As a place of healing, one of the participants said, "I just know that I will not take another drink, and that's what NANACOA has done for me." Some participants also said that NANACOA helps them to take care of themselves. Participants also described NANACOA as a source of support and empowerment and as an organization that promotes learning.

> *I think it's wonderful because I've learned so much. I never even thought about the children of the alcoholics. It never dawned on me how much it affected the children.*

I think it's real important because a lot of the times Indian people need to identify specifically with themselves, and with an organization like this—being a part of an organization like this—is one of those ways available for them, versus the traditional AA meetings and stuff.

I guess that my opinion of NANACOA is that it's something that helps me to learn more about my traditions and cultures, and feel good about it, and then take that back home to share with other people.

I think [NANACOA] is very important for a lot of reasons. One would be because Native Americans need a national organization like this where they can come together and share ideas and also for the political strength that it gives to the substance abuse field and the population of Native Americans in general.

10. Individuals Need to Share What They Have Learned from NANACOA and Often Encourage Others to Take the Healing Journey.

In describing the importance of NANACOA, participants explained that NANACOA needs to be promoted throughout the Native American community. People can spread the word about NANACOA by showing the NANACOA video, sharing with staff members and family members the experience of attending NANACOA conferences, working with kids in schools, and developing a sense of responsibility to share NANACOA with the community.

I work with kids, you know, the elementaries—he works at the high school—and I can't wait to get home and share what's in my heart. Not by words, but by doing with those kids, and they feel it. They know it.

NANACOA, I think, is very important. We must, we must share this information. We must spread the news that NANACOA is here, and we must support it. If any people really believe in their children and in the future, we must do this. I've sat here

and I've listened, and I'm learning. What you're sharing with me I'm gaining knowledge. I'm young; I've still got a long way to go. I've got children who need me. Fortunately for me I have a husband who supports me, too.

11. NANACOA Activities Are Heartfelt Experiences and Encompass Indescribable Positive Feelings.

Several focus group participants and personal interviewees were only able to describe NANACOA in terms of heartfelt experiences. The heartfelt experiences and positive feelings reflect the importance of culture and some of the experiences at conferences. Supporting quotes speak for themselves about heartfelt experiences:

I never knew much before that, except the bad things—and then I went to NANACOA. I remember the first time I walked in there and there was—I don't know how many Native Americans there were in that Missoula one. That was the first time that I had been anywhere with educated and healing Native Americans. The whole, I don't know, three days or something that I was there, I had this big lump in my throat that just wouldn't go away, you know, and I think it was because of my heart. There were some real neat things happening there. I had never been to anything like it before.

To be part of an organization or a family that's about change in Indian country, about sobriety, about acceptance of where we come from. It makes my heart sing. That's the only way to say it. To end the cycle of shame and guilt and pain and say this is just where we come from. This is just what we've experienced. To see our resiliency. See what we have lived through and to share that with my children and other Indian children. To say, okay it's tough now, but look back. If you look at your lineage somewhere you're going to find a warrior, somewhere you're going to find an artist, somewhere you're going to find a medicine person that's been in your family tree. So there has been strength from the beginning of time.

12. Cultural, Spiritual, and Traditional Importance.

Throughout almost all of the personal interviews and focus groups, one of the most pervasive themes found described the importance of culture, tradition, and spiritual beliefs. Cultural traditions are passed from generation to generation, and the significance of cultural beliefs cannot be downplayed.

> *We talk about education. We talk about culture. We talk about people. But yet, what's it all about? Talk is cheap. Action speaks louder. It's true. We have to go back into the circle of life. We have to sing the songs that are asked to sing. We have to dance the dance. We have to say prayers. That is our strength. This is our strength. Our ancestors. Our chiefs. Our children—I have children—and when I look at my children I know I have to gain more information. I know I have to gain more knowledge because these are my children. Because I want what's best for them, because I know they can be the best they can be because I've done it for myself. I am my children's' role model; I am their example. Me! What happens in my home affects my children."*

Several participants also said that they were proud to be Native American—it is "rewarding" for many participants to have ethnic pride. Despite some of the difficulties of being identified as a Native American, the feelings of goodness and ethnic pride far outweigh these difficulties. One of the participants succinctly states, "I've become really glad that I'm Native American. I'm proud of who I am." Others share their culture through classes and school and projects in the community. These activities include making grass-dance outfits, teaching dances, painting drums, and putting up sweats. Cultural projects such as these raise self-esteem among Native Americans, increase pride in one's ethnicity, and help to break down the barriers of prejudice. One of the participants even described one of the culturally healthy alternatives to drinking.

> *"Well, you know how people say they drink to relieve stress, well, you know, there's different ways, like taking a sweat. Taking a sweat relieves stress....You don't need to drink. Go*

take a sweat, you know. I mean, if you want to relieve stress, you go take a sweat.

Several participants described how they felt that they were getting back in touch with their cultural traditions; it is imperative that Native Americans do not lose their cultural heritage.

Several participants also talked about the importance of Native American spirituality and cultural support in the role of treatment and recovery. One participant expressed his dismay that some tribes are attempting to downplay the cultural aspect from healing.

You know, it's really interesting, too, because there's a tribe back in eastern Montana, I'll not name the tribe, that recently withdrew all cultural support in treatment. They took out their traditional embers, they took the sweat lodges down and said that that doesn't have any place in AA or recovery treatment. I said, "Woo."

Just as important, NANACOA has played a role in many of the participants' lives for promoting Native American culture; NANACOA encourages Native Americans to follow traditional ways and, for those who feel they have lost their traditions, to help them rediscover what was once lost. NANACOA supports and promotes ethnic pride and the role of culture in healing.

I think I feel today that that spiritual effect is happening with my family because of NANACOA, and it's instilled in my grandchildren...I can't thank NANACOA enough for what they've done for my family.

I don't even know how to dance. I don't know how to sing, and I don't know how to, you know, I didn't know how to make any Native American outfits and that kind of stuff. Well, I'm learning those things now...I didn't learn them there, I learned the importance of them there and went home and thought that I'm going to learn them. I remember when I went to the Training for Trainers, they said something about, "If you can talk, you can sing. If you can walk, you can dance." I work in an elementary school, and I have a little 8-year-old girl who

is teaching me how to dance, you know, because I've never learned before, and I'm going to get out there and march... and I'm going to dance even though I've never done it before.

13. The Community, Family, and Friends Are All Components of the Healing Journey.

Participants in focus groups and personal interviews described the importance of the community in the healing process. Several participants felt that the support of the community was crucial for keeping Native Americans on a sober path: "If you don't have that support system within the community, the individuals are going to go back to their use of alcohol."

In addition, participants said that the community should be accountable for holding nondrinking functions and should have support groups because, "People don't want to go outside the groups that they don't know or whatever, and if there's not something in their own community, then people don't go."

I think it's important to encourage our communities to take action. If the council doesn't want to take action, then that's their business. We as a community have to become responsible. We as mothers, fathers, grandfathers, need to take that action if the council doesn't, because these are our children; these are our communities.

14. The Necessity of Taking Care of Oneself First Is an Important Aspect of the Healing Journey.

Some of the participants emphasized that the healing journey often needs to focus on the self. Although focusing on one's self is important, several participants stressed that they are not alone on the healing journey. NANACOA plays a role too, recognizing that some people are neglecting themselves and need to focus attention on listening to the self. The importance of spirituality was shown with this concept also.

Well, I think that the more times I see people that are willing to make a change in their lives, it gives me more reason to go out and do what I need to do for myself. Like I'm not alone.

15. Suggestions for Improving the Operations of NANACOA.

Many of the participants offered suggestions to NANACOA for improving its organization and their service delivery. These suggestions included having NANACOA open up regional or local offices, offering travel scholarships to the needy, offering more conferences and workshops, and providing local workshops and conferences.

I know that it is difficult to set up an office in every community or whatever, but make it accessible to communities across the country, if it's at all possible.

I think the more they can do for us in the Northeast, to get in here more often, even if it's a smaller kind of gathering, a workshop. Don't give up on us if there wasn't a good showing for the workshop. I think they were anticipating or hoping for 25, and I don't know, maybe got 10 people. Don't give up on us. I'm not sure if that's differently, that's assuming they have given up on us.

If I had the access to funds, I would like to bring as many people from my reservation to NANACOA because I believe that it would touch their lives.

I like your idea about being able to bring it home. You know, like in Great Falls—to have maybe not as big, but just a branch of a workshop for free, and for people who, you know, the families that can't afford it or that aren't working. An organization that would send them here because I think that not only is the need there, I think the desire's there too. They just don't have the opportunity. If I didn't work for the school where I work, I would never get to come...because on my own, I couldn't afford it.

They've done a whole lot for me, and I appreciate it. But I also want them to be more organized. In a loving way, I want to tell them that I want them to be more organized.

Recovery, yes. Recovery. Especially for teenagers. How to get teenagers into recovery at 16 and 17 so that they don't have to wait until they're well into their 20s, and they've already had 14,000 bad relationships and a million battle scars. I would like to see NANACOA create a stronger youth group and a stronger youth outreach program and start dealing with the issue of adulthood—where in Indian country we become adults at 11 and 12 years old. That's where I really feel it needs to start at, so that your kids can be empowered in that way and maybe bring their parents around.

I think at one point NANACOA was saying that they would have elders. I think at one time...there would be elders present—in the general sessions there would be elders. I thought that was very important. I think the youth need to be in there. Brought in. I think that facilitators need to be trained and improved and aware because things are moving fast, happening fast. I guess I just I want people to know about NANACOA. I want people to belong, to say, well, I can go there. Because no matter how old I am—I think everyone needs to learn. We can all learn.

16. Individuals Who Help May Need Help Themselves.

Many of the participants felt that some of the treatment community needed treatment themselves. Several participants felt that the helping community could use some help for their own substance-abuse related problems. In some cases, the participants felt that some members of the treatment community did more harm than good, and that some type of credentialing or monitoring system should be in place that was both sensitive to Native American culture and the foundations of safe and useful treatment.

17. Youth Experience Problems and Express Attitudes Not Expressed by Other Groups.

These divergent concepts were mostly found within the youth focus group. One of the youths said that self-expression is

important, "Nowadays, I'm expressing myself more, you know, talking to my cousins all the time, telling them how I feel. If they laugh at me, well, you know, I'll flip them off and tell them to go somewhere else, you know, you aren't my real cousin." Some of the youths expressed how they felt they had worse problems than adults did, yet adults were the main focus at many conference workshops. Another youth talked about how all of his role models are historical and are no longer alive and that no one will be able to fight for "our" rights. He expressed his concern that there are no longer any living role models. Another youth talked about how he respected his elders and that people need to listen to the elders' stories. However, he agreed with the previous youth that many of the workshops are "based around adults."

> *It was like, I think, it was one of those youth and elders conferences, but all they talked about was the elders and helping the adults and all that stuff, you know. I mean, not really focusing on the children because they probably think the children don't have any problems. We're the ones who have worse problems than...them. We can't even walk down the road nowadays without someone yelling [inaudible], you know, pointing guns at us and stuff like that.*

18. Native Americans Need to Help Native Americans.

Several focus group participants and many of the personal interviewees expressed the necessity of having Native Americans helping Native Americans. Only Native Americans know of Native ways and "Indian methods." NANACOA needs to be mostly run by Native Americans.

> *It's essential for Indian people. You have to have Indian ways. You have to have an understanding of Indian people in Indian communities. You have to have Indian methods. You have to have, I believe, Indian people involved in it, the community involved in it. As far as I can see with all my experience at this point, there's no way to make any change in a positive way without it being Indian in every aspect.*

Discussion

The largest group of correspondents was individuals who requested information about children of alcoholics. The letters from these individuals frequently contained personal information about how the person had been affected by alcohol. They were grateful that NANACOA existed. From 1991 to 1994, letters and requests for information from nontribal and non-Native correspondents increased from 65 percent to 74 percent. This could be a reflection of NANACOA's outreach to non-Native communities, or of the growing interest and concerns of non-Natives about Native American issues.

There seemed to be no seasonal variation in requesting information. Not surprisingly, during the 4-year span, the two most frequent requests were for newsletters and to be added to the mailing list. While there was no discernible pattern of requests by geographic region across time, it was evident that when the NANACOA conference was in a particular region, requests from that region increased.

The majority of preregistrants for the annual conferences were either American Indian or Alaska Native. Almost half of the preregistrants claimed tribal or Native employment. During the 3-year period, the proportion of male to female attendees remained fairly constant. The number of conference attendees from a certain region increased when the conference was held in that region.

Personal Interviews and Focus Groups

The findings from the focus groups and personal interviews were rich in history and detail. Participants' stories were as varied in description as the individuals themselves, yet several common themes were identified. One powerful theme traced the negative effects of substance abuse in the participants' communities, in the lives of the participants, and in the lives of those they love. Each participant had a personal history to relate, whether it was their own or that of a family member. The participants emphasized the negative effects of substance abuse.

Many participants were adult children of alcoholics who were raised in families riddled by the economic and emotional problems caused by substance abuse. Many of the participants mentioned the generational transmission of substance-abusing behavior: alcoholism passed down from parent to child. They also said that they were familiar with the destruction that substance use and abuse had caused with their families and friends. Substance abuse was common in the community, and substance abuse was linked to family breakups, physical and emotional abuse, violence, financial problems, and other community problems. Participants stated that alcohol and other drug-taking behavior negatively affects the Native American community and participates in the destruction of culture. In addition, alcohol and drug abuse contributes to the loss of self.

Participants expressed their concerns about the affect substance abuse has on Native American children. Heartbreaking accounts of how substance abuse had affected children were common. Personal accounts of neglect and deprivation due to parental substance abuse were also typical. Some of the participants' voices portrayed experiences of mild to severe physical abuse endured as a child because of alcohol. Another concern expressed by the participants was that a second generation now had to endure what the participants themselves had to endure as a child. The participants wanted this generational cycle of substance abuse to stop and felt that NANACOA was instrumental in this endeavor.

While many voices spoke about the negative and overwhelming effects of substance abuse on the Native American family and community, these same voices spoke of the strength and influence of Native American traditions in overcoming these negative effects. The importance of culture, spirituality, and tradition was a theme that was mentioned in almost every focus group and personal interview. Most participants said that learning about Native American traditions would help counteract the negative effects of substance abuse. The participants recognized that Native American culture, tradition, and spirituality protects individuals from substance abuse and guides

individuals toward a healthy path. In the words of one participant:

> *I can't be worried about whether I'm doing something or following—I mean I'm in the process of learning. Whether it's my traditions or the protocol or certain events or how to do a certain kind of ritual or healing kind of thing...I have to go for the spiritual part, I have to remember what's in my heart and that if I'm involved in a circle and the circle's going in the wrong direction, it doesn't mean I have to run away in shame because I did something wrong, but that I can listen to those who are willing to teach me and learn the correct way to do something.*

The participants stated that culture is important and that NANACOA realizes culture is important too. NANACOA promotes learning, healing, and spiritual growth. The cultural traditions passed from generation to generation are seen as protective factors against the growing problems associated with alcohol and drug abuse. Despite the difficulty of living in a prejudiced society, many participants suggested that knowing about their culture helped them maintain a sense of pride about their ethnic heritage. Several participants said that they experience their culture through classes and community activities. These activities included making grass-dance outfits, teaching dances, painting drums, and putting up sweats. Cultural projects such as these raise self-esteem among Native Americans, increase pride in one's ethnicity, and help to break down the barriers of prejudice. Many stated that it was imperative that Native Americans maintain close contact with their cultural heritage, not only to maintain a sense of ethnic pride, but also to endorse Native American spirituality and culture in the healing process. NANACOA upholds this premise by encouraging pride in one's ethnic identity, stressing the importance of rediscovering Native American ways, and affirming the importance of culture in the healing journey.

Some of the participants emphasized that the healing journey often needs to focus on the individual. Although focusing on the self is important, several stressed that they are not alone on the healing journey. The community, family, and friends are

seen as components of the healing journey. Several participants stated that the support of the community was crucial for keeping Native Americans on a sober path. Participants also stressed the importance of family, friends, and staff members in maintaining a sober lifestyle.

The participants who knew about NANACOA said that NANACOA was important to both individuals and communities. They described NANACOA as an organization that promoted healing, encouraged learning, and served as a source of support and empowerment. According to these participants, NANACOA enables individuals to focus on healing and recovery. Participants stated that NANACOA plays a role in helping individuals recognize that they sometimes neglect themselves. NANACOA teaches individuals what they need to know about self-care.

The focus group and personal interview participants defined the transactional relationship that NANACOA cultivates: what NANACOA gives to the individual, the individual gives to the community, and the community in turn gives back to the individual. When members spread the word about NANACOA through videos, posters, or conference messages, they spread the word of care. Several participants described how NANACOA activities are heartfelt experiences and encompass indescribably positive feelings. Participants described how their experiences were powerful enough to change their lives. As one participant said, "I can't say why I've learned, because it's mostly in the heart, but I know that when I got home it was like, you know, excitement. It kind of made me emotional. This organization does that to me. I don't know what it is."

Finally, the recommendations to NANACOA made by the focus group and personal interview were thoughtful considerations of how NANACOA could better serve Native Americans. Some of the recommendations centered on money. Many of the participants stressed the need to have more affordable conferences and workshops. Many of the suggestions were about how to improve programs and outreach. Suggestions about outreach centered on four main areas. First, participants suggested that the programs should be multigenerational. Participants wanted

to include elders in the conference programming and many saw the need to have a separate youth track. Second, the participants wanted NANACOA to come to the reservation, because, as one participant noted, "you never see anyone really try to reach a reservation like they try to reach the bigger cities or inner cities." Third, participants wanted NANACOA to come to the smaller communities, especially in the Midwest. Lastly, participants asked for regional representation. While many participants expressed that NANACOA as a national organization is useful, they also want NANACOA to have regional representation.

Data Limitations

The data reported in this study have some obvious limitations. First, the archival data is biased due to sampling procedures. The data used in this evaluation included conference preregistrants only; conference attendees who registered on-site did not complete a registration form. Therefore, on-site registrants were not included in this analysis. Also, data were missing due to yearly changes in the preregistration form. Information on gender, ethnicity, employment, job, state, and method of payment was available for 1992 through 1994, but age and education data were available for 1992 only. Although every attempt was made to gather all of the correspondence for the years 1991 through 1994, it is likely that some of the correspondence was unaccounted for.

One of the limitations of the focus group and personal interview data was that the focus group and personal interview protocols were not always followed. In some cases, the facilitator did not ask questions listed in the protocol. Additionally, most of the facilitators did not complete the evaluation form that asked about characteristics of the participants, such as their age, gender, and the number of participants in the focus group. Thus, the number of participants in each focus group along with other important information was not noted. Another limitation occurred during the transcription of the audiotapes. Some of the tapes were inaudible in parts, and other tapes were completely inaudible.

Another limitation of the evaluation was the small number of participants in the focus groups and personal interviews. Although the evaluation was national in scope and included participants from New York, North and South Dakota, Arizona, Montana, Washington, Minnesota, Oklahoma, California, South Carolina, Oregon, Maine, Florida, Kansas, Alaska, Idaho, New Mexico, and Utah, the number of Native Americans who participated in the evaluation did not represent the entire Native American population. Not all tribes were represented. Therefore, it would be inappropriate and inadvisable to generalize these results to all tribal communities and Native Americans. Nevertheless, the voices of those who participated must be heard. The Native Americans who participated in this evaluation resounded the concerns and needs of a population that wants to heal. The meaningful experiences of many Native Americans were shared and their voices must not be silenced or ignored.

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